

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006712

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1000

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS-300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Mary C. Cortner MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**

Length of stay in 1b
65 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **7300 Lydia**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
7300 Lydia

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **MAUDE**

Middle **W.**

Last **KOONTZ**

4. DATE OF DEATH

Month

Day

Year

Feb. 12 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
8-29-1887

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and state or country)
Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Albert Baker

13b. MOTHER'S MAIDEN NAME

Sarah Adams

14. NAME OF HUSBAND OR WIFE

M. W. Koontz

15. WAS DECEASED, EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Elma W. Keyes, 7300 Lydia

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular Accident

INTERVAL BETWEEN ONSET AND DEATH

5 days

DUE TO (b)

Hypertension

2 yrs. +

DUE TO (c)

Arteriosclerotic Heart Disease

20 yrs. +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1955** to **Feb. 13, 1963** and last saw her alive on **Jan 24, 1963**
Death occurred at **8:30** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Mary C. Cortner M.D.

22b. ADDRESS

701 East 63rd St. Suite 8

22c. DATE SIGNED

2/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

2-15-1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.

2-14-63

26. REGISTRAR'S SIGNATURE

Ruth Long

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATE OF MISSISSIPPI

Dr. Harry C. Cartner

701 E 63

De 3-5393

1-5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Phillips
Licensed Embalmer No. 4641

P. O. Address K.C. Mr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.